

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214502703		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Southwest Virginia Chapter, The Institute of Internal Auditors, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MICHAEL B MASSEY 8166 ROANOKE RD PO BOX 529 FINCASTLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: BOTETOURT COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2014</p> <p>SCC ID NO: 03534989</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 529</p> <p style="margin-left: 40px;">CITY/ST/ZIP: FINCASTLE, VA 24090</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ELISABETH BOWLER TITLE: DIRECTOR ADDRESS: 213 S JEFFERSON ST STE 701 CITY/ST/ZIP/CO: ROANOKE, VA 24011 </td> <td style="width: 45%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ELISABETH BOWLER TITLE: DIRECTOR ADDRESS: 213 S JEFFERSON ST STE 701 CITY/ST/ZIP/CO: ROANOKE, VA 24011	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINA MATTHEWS DIRECTOR 213 S JEFFERSON ST SUITE 701 ROANOKE, VA 24011	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY POTTER DIRECTOR 213 S JEFFERSON ST STE 701 ROANOKE, VA 24011	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENISE STEWART DIRECTOR 5008 AIRPORT RD ROANOKE, VA 24012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BENJAMIN SUTPHIN DIRECTOR PO BOX 3071 SALEM, VA 24153	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM NOLAN DIRECTOR 110 FRANKLIN RD ROANOKE, VA 24042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CARLTON COURTNEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARLTON COURTNEY, TREASURER PRINTED NAME AND CORPORATE TITLE	1/7/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			